

Federal Grant Applications

The following are Applications for Federal Assistance received by the State Clearinghouse **December 1 - 15, 2012**. The State Clearinghouse reviews federally funded grants mandated by Executive Order 12372. The State Clearinghouse **does not** have information on federally funded grants. Information can be obtained by calling the federal agency funding the grant or by looking in the Catalog of Federal Domestic Assistance.

Application for Federal Assistance SF-424

* 1. Type of Submission: <input checked="" type="checkbox"/> Preapplication <input type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): _____ * Other (Specify): _____
---	---	--

RECEIVED
DEC 04 2012

* 3. Date Received: 12/03/2012	4. Applicant Identifier: _____
--	--

5a. Federal Entity Identifier: _____	5b. Federal Award Identifier: _____
--	---

STATE CLEARING HOUSE

State Use Only:

6. Date Received by State: _____	7. State Application Identifier: _____
---	---

8. APPLICANT INFORMATION:

* a. Legal Name: San Francisco Planning Department	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 94-6000417	* c. Organizational DUNS: 8357064170000

d. Address:

* Street1: 1650 Mission Street
Street2: Suite 400
* City: San Francisco
County/Parish: _____
* State: CA: California
Province: _____
* Country: USA: UNITED STATES
* Zip / Postal Code: 94103-2479

e. Organizational Unit:

Department Name: _____	Division Name: _____
----------------------------------	--------------------------------

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: _____	* First Name: Sheila
Middle Name: _____	
* Last Name: Nickolopoulos	
Suffix: _____	

Title: Grants Administrator

Organizational Affiliation:

* Telephone Number: 415-575-9089	Fax Number: 415-558-6409
---	---------------------------------

*** Email:** sheila.nickolopoulos@sfgov.org

Application for Federal Assistance SF-424

*** 9. Type of Applicant 1: Select Applicant Type:**

B: County Government

Type of Applicant 2: Select Applicant Type:

C: City or Township Government

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

Forest Service

11. Catalog of Federal Domestic Assistance Number:

10.675

CFDA Title:

Urban and Community Forestry Program

*** 12. Funding Opportunity Number:**

USDA-FS-UCF-01-2013

* Title:

2013 National Urban and Community Forestry Grant

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Add Attachment

Delete Attachment

View Attachment

*** 15. Descriptive Title of Applicant's Project:**

Create an interagency program to provide public education and community engagement in support of the San Francisco's urban forest.

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="242,067.00"/>
* b. Applicant	<input type="text" value="303,806.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="545,873.00"/>

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- a. This application was made available to the State under the Executive Order 12372 Process for review on
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)**

- Yes No

If "Yes", provide explanation and attach

21. *By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

APPLICATION FOR FEDERAL ASSISTANCE
SF 424 (R&R)

3. DATE RECEIVED BY STATE	State Application Identifier
<input type="text"/>	<input type="text"/>
4. a. Federal Identifier	<input type="text"/>
b. Agency Routing Identifier	<input type="text"/>

1. * TYPE OF SUBMISSION	
<input type="checkbox"/> Pre-application <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	
2. DATE SUBMITTED	Applicant Identifier
<input type="text" value="12/05/2012"/>	<input type="text"/>

5. APPLICANT INFORMATION		* Organizational DUNS: <input type="text" value="832815182"/>
* Legal Name: <input type="text" value="Dunrui Wang"/>		
Department: <input type="text"/>	Division: <input type="text"/>	
* Street1: <input type="text" value="16216 Palomino Mesa Place"/>		
Street2: <input type="text"/>		
* City: <input type="text" value="San Diego"/>	County / Parish: <input type="text"/>	
* State: <input type="text" value="CA: California"/>	Province: <input type="text"/>	
* Country: <input type="text" value="USA: UNITED STATES"/>	* ZIP / Postal Code: <input type="text" value="92127-9664"/>	

RECEIVED
DEC 06 2012

Person to be contacted on matters involving this application		
Prefix: <input type="text" value="Dr."/>	* First Name: <input type="text" value="Dunrui"/>	Middle Name: <input type="text"/>
* Last Name: <input type="text" value="Wang"/>	Suffix: <input type="text"/>	
* Phone Number: <input type="text" value="858-829-7299"/>	Fax Number: <input type="text"/>	
Email: <input type="text" value="dwang@w2motif.com"/>		

6. * EMPLOYER IDENTIFICATION (EIN) or (TIN): <input type="text" value="264356149"/>
--

7. * TYPE OF APPLICANT: <input type="text" value="R: Small Business"/>
Other (Specify): <input type="text"/>
Small Business Organization Type <input type="checkbox"/> Women Owned <input checked="" type="checkbox"/> Socially and Economically Disadvantaged

8. * TYPE OF APPLICATION:	If Revision, mark appropriate box(es).
<input checked="" type="checkbox"/> New <input type="checkbox"/> Resubmission	<input type="checkbox"/> A. Increase Award <input type="checkbox"/> B. Decrease Award <input type="checkbox"/> C. Increase Duration <input type="checkbox"/> D. Decrease Duration
<input type="checkbox"/> Renewal <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	<input type="checkbox"/> E. Other (specify): <input type="text"/>

* Is this application being submitted to other agencies? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> What other Agencies? <input type="text"/>
--

9. * NAME OF FEDERAL AGENCY: <input type="text" value="National Institutes of Health"/>	10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: <input type="text"/>
--	--

11. * DESCRIPTIVE TITLE OF APPLICANT'S PROJECT:
<input type="text" value="NSCLC prognosis and drug activity prediction using GAPDH Associated Cell Cycle gene expression profile"/>

12. PROPOSED PROJECT:	* 13. CONGRESSIONAL DISTRICT OF APPLICANT
* Start Date: <input type="text" value="05/01/2013"/> * Ending Date: <input type="text" value="04/30/2014"/>	<input type="text" value="CA-050"/>

14. PROJECT DIRECTOR/PRINCIPAL INVESTIGATOR CONTACT INFORMATION		
Prefix: <input type="text" value="Dr."/>	* First Name: <input type="text" value="Dunrui"/>	Middle Name: <input type="text"/>
* Last Name: <input type="text" value="Wang"/>	Suffix: <input type="text"/>	
Position/Title: <input type="text"/>		
* Organization Name: <input type="text" value="W2motif LLC"/>		
Department: <input type="text"/>	Division: <input type="text"/>	
* Street1: <input type="text" value="16216 Palomino Mesa Place"/>		
Street2: <input type="text"/>		
* City: <input type="text" value="San Diego"/>	County / Parish: <input type="text"/>	
* State: <input type="text" value="CA: California"/>	Province: <input type="text"/>	
* Country: <input type="text" value="USA: UNITED STATES"/>	* ZIP / Postal Code: <input type="text" value="921274446"/>	
* Phone Number: <input type="text" value="858-829-7299"/>	Fax Number: <input type="text"/>	
* Email: <input type="text" value="dwang@w2motif.com"/>		

6

7

8

<p>15. ESTIMATED PROJECT FUNDING</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">a. Total Federal Funds Requested</td> <td style="border: 1px solid black; text-align: right;">200,000.00</td> </tr> <tr> <td>b. Total Non-Federal Funds</td> <td style="border: 1px solid black; text-align: right;">0.00</td> </tr> <tr> <td>c. Total Federal & Non-Federal Funds</td> <td style="border: 1px solid black; text-align: right;">1.00</td> </tr> <tr> <td>d. Estimated Program Income</td> <td style="border: 1px solid black; text-align: right;">0.00</td> </tr> </table>	a. Total Federal Funds Requested	200,000.00	b. Total Non-Federal Funds	0.00	c. Total Federal & Non-Federal Funds	1.00	d. Estimated Program Income	0.00	<p>16. * IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?</p> <p>a. YES <input checked="" type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON:</p> <p>DATE: 12/03/2012</p> <p>b. NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E.O. 12372; OR <input type="checkbox"/> PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW</p>
a. Total Federal Funds Requested	200,000.00								
b. Total Non-Federal Funds	0.00								
c. Total Federal & Non-Federal Funds	1.00								
d. Estimated Program Income	0.00								

17. By signing this application, I certify (1) to the statements contained in the list of certifications* and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances * and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 18, Section 1001)

* I agree

* The list of certifications and assurances, or an Internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

18. SFLLL or other Explanatory Documentation

Add Attachment
Delete Attachment
View Attachment

19. Authorized Representative

Prefix: Dr. * First Name: Dunrui Middle Name:

* Last Name: Wang Suffix:

* Position/Title: President

* Organization: W2Motif LLC

Department: Division:

* Street1: 16216 Palomino Mesa Place

Street2:

* City: San Diego County / Parish: San Diego

* State: CA: California Province:

* Country: USA: UNITED STATES * ZIP / Postal Code: 921274446

* Phone Number: 858-829-7299 Fax Number:

* Email: dwang@w2motif.com

<p>* Signature of Authorized Representative</p> <div style="border: 1px solid black; padding: 5px; text-align: center;">Completed on submission to Grants.gov</div>	<p>* Date Signed</p> <div style="border: 1px solid black; padding: 5px; text-align: center;">Completed on submission to Grants.gov</div>
--	---

20. Pre-application Add Attachment Delete Attachment View Attachment

Application for Federal Assistance SF-424

Version 02

*1. Type of Submission		*2. Type of Application	*If Revision, select appropriate letter(s):
<input type="checkbox"/> Preapplication		<input type="checkbox"/> New	
<input checked="" type="checkbox"/> Application		<input checked="" type="checkbox"/> Continuation	* Other (Specify)
<input type="checkbox"/> Changed/Corrected Application		<input type="checkbox"/> Revision	
*3. Date Received:		4. Application Identifier:	
5a. Federal Entity Identifier: CA0424B9D001003		*5b. Federal Award Identifier: STATE CLEARING HOUSE	
State Use Only:			
6. Date Received by State:		7. State Application Identifier:	
8. APPLICANT INFORMATION:			
* a. Legal Name: Antelope Valley Domestic Violence Council			
* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-3582588		*c. Organizational DUNS: 849371117	
d. Address:			
*Street1: P.O. Box 2980			
Street 2:			
*City: Lancaster			
County: Los Angeles			
*State: Ca.			
Province:			
Country:			
*Zip/ Postal Code: 93539			
e. Organizational Unit:			
Department Name:		Division Name:	
f. Name and contact information of person to be contacted on matters involving this application:			
Prefix: Mrs.		First Name: Carol	
Middle Name:			
*Last Name: Crabson			
Suffix: LCSW			
Title: Chief Executive Officer			
Organizational Affiliation:			
*Telephone Number: 661-949-1916		Fax Number: 661-940-3422	
*Email: ccrabson@avdvc.org			

RECEIVED

DEC 07 2012

OMB Number: 4040-0004
Expiration Date: 04/31/2012**Application for Federal Assistance SF-424**

Version 02

9. Type of Applicant 1: Select Applicant Type: M. Nonprofit

Type of Applicant 2: Select Applicant Type:

- Select One -

Type of Applicant 3: Select Applicant Type:

- Select One -

*Other (specify):

*10. Name of Federal Agency:

HUD

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

*12. Funding Opportunity Number:

*Title:

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Antelope Valley in Los Angeles County, State of California, Kern County, Ca. Cities include: Lancaster, Palmdale, Quartz Hill, Rosamond, Mojave, Littlerock, Lake L.A. Llano, Pearblossom, Sunland, Lake Elizabeth, Lake Hughes and Acton

*15. Descriptive Title of Applicant's Project:

Transitional Housing program to serve domestic violence victims

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

Version 02

16. Congressional Districts Of:

*a. Applicant 22

*b. Program/Project: 22

Attach an additional list of Program/Project Congressional Districts if needed.

25

17. Proposed Project: Oasis House

*a. Start Date: 10/01/13

*b. End Date: 9/30/14

18. Estimated Funding (\$):

*a. Federal	\$146,652.00
*b. Applicant	\$34,782.00
*c. State	
*d. Local	
*e. Other	
*f. Program Income	
*g. TOTAL	\$181,434.00

*19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- a. This application was made available to the State under the Executive Order 12372 Process for review on
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372

*20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)

 Yes No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

 **I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: Mrs.

*First Name: Carol

Middle Name:

*Last Name: Crabson

Suffix: LCSW

*Title: Chief Executive Officer

*Telephone Number: 661-949-1916

Fax Number: 661-940-3422

*Email: ccrabson@avdvc.org

*Signature of Authorized Representative: *Carol Crabson*

Date Signed: 11/26/2012

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424		Version 02												
<table border="0"> <tr> <td>* 1. Type of Submission:</td> <td>* 2. Type of Application:</td> <td>* If Revision, select appropriate letter(s):</td> </tr> <tr> <td><input type="checkbox"/> Preapplication</td> <td><input checked="" type="checkbox"/> New</td> <td><input type="text"/></td> </tr> <tr> <td><input checked="" type="checkbox"/> Application</td> <td><input type="checkbox"/> Continuation</td> <td>* Other (Specify)</td> </tr> <tr> <td><input type="checkbox"/> Changed/Corrected Application</td> <td><input type="checkbox"/> Revision</td> <td><input type="text"/></td> </tr> </table>			* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):	<input type="checkbox"/> Preapplication	<input checked="" type="checkbox"/> New	<input type="text"/>	<input checked="" type="checkbox"/> Application	<input type="checkbox"/> Continuation	* Other (Specify)	<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Revision	<input type="text"/>
* 1. Type of Submission:	* 2. Type of Application:	* If Revision, select appropriate letter(s):												
<input type="checkbox"/> Preapplication	<input checked="" type="checkbox"/> New	<input type="text"/>												
<input checked="" type="checkbox"/> Application	<input type="checkbox"/> Continuation	* Other (Specify)												
<input type="checkbox"/> Changed/Corrected Application	<input type="checkbox"/> Revision	<input type="text"/>												
* 3. Date Received:		4. Applicant Identifier:												
Completed by Grants.gov upon submission.		<input type="text"/>												
5a. Federal Entity Identifier:		* 5b. Federal Award Identifier:												
<input type="text"/>		15-504												
State Use Only:														
6. Date Received by State:	7. State Application Identifier:													
<input type="text"/>	<input type="text"/>													
8. APPLICANT INFORMATION:														
* a. Legal Name: Inland Empire Utilities Agency														
* b. Employer/Taxpayer Identification Number (EIN/TIN):	* c. Organizational DUNS:													
95-6004609	043656206													
d. Address:														
* Street1:	6075 Kimball Avenue													
Street2:	<input type="text"/>													
* City:	Chino													
County:	San Bernardino													
* State:	CA: California													
Province:	<input type="text"/>													
* Country:	USA: UNITED STATES													
* Zip / Postal Code:	91708													
e. Organizational Unit:														
Department Name:	Division Name:													
Financial Planning	Grants Administration													
f. Name and contact information of person to be contacted on matters involving this application:														
Prefix:	Mr.	* First Name: Jason												
Middle Name:	<input type="text"/>													
* Last Name:	Gill													
Suffix:	<input type="text"/>													
Title:	Grants Officer													
Organizational Affiliation:														
Inland Empire Utilities Agency														
* Telephone Number:	909-993-1636	Fax Number: 909-993-1986												
* Email:	jq@icua.org													

RECEIVED

DEC 07 2012

STATE CLEARING HOUSE

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

D: Special District Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

Bureau of Reclamation - Denver Office

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

* 12. Funding Opportunity Number:

R13SF80002

* Title:

WaterSMART: Title XVI Water Reclamation and Reuse Program Funding for Fiscal Year 2013

13. Competition Identification Number:

R13SF80002

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

City of Jurupa Valley, Riverside County, California and vicinity of Prado Flood Control Basin,
near City of Chino, San Bernardino County California

* 15. Descriptive Title of Applicant's Project:

Brine Concentrate Reduction Facility and Prado Basin Habitat Sustainability Program, Part of the
Lower Chino Dairy Area Desalination Project

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424 Version 02

16. Congressional Districts Of:
* a. Applicant: * b. Program/Project:

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:
* a. Start Date: * b. End Date:

18. Estimated Funding (\$):

* a. Federal	4,000,000.00
* b. Applicant	178,125.00
* c. State	15,328,552.00
* d. Local	11,625,427.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	31,132,104.00

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?
 a. This application was made available to the State under the Executive Order 12372 Process for review on
 b. Program is subject to E.O. 12372 but has not been selected by the State for review.
 c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)
 Yes No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 28, Section 1001)
 ** I AGREE
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name:
 Middle Name:
 * Last Name:
 Suffix:

* Title: *[Signature]*
 * Telephone Number: Fax Number:
 * Email:

* Signature of Authorized Representative: * Date Signed:

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424		Version 02
* 1. Type of Submission: <input type="checkbox"/> Preapplication <input checked="" type="checkbox"/> Application <input type="checkbox"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision	* If Revision, select appropriate letter(s): _____ * Other (Specify) _____
* 3. Date Received: Completed by Grants.gov upon submission.	4. Applicant Identifier: _____	
5a. Federal Entity Identifier: _____	5b. Federal Award Identifier: _____	
RECEIVED DEC 11 2012 STATE CLEARING HOUSE		
State Use Only:		
6. Date Received by State: _____	7. State Application Identifier: _____	
8. APPLICANT INFORMATION:		
* a. Legal Name: Rancho California Water District		
* b. Employer/Taxpayer Identification Number (EIN/TIN): 95-2415751	* c. Organizational DUNS: 053836235	
d. Address:		
* Street1: 42135 Winchester Rd.	Street2: _____	
* City: Temecula	County: _____	
* State: CA: California	Province: _____	
* Country: USA: UNITED STATES	* Zip / Postal Code: 92590	
e. Organizational Unit:		
Department Name: Planning Department	Division Name: _____	
f. Name and contact information of person to be contacted on matters involving this application:		
Prefix: _____	* First Name: Denise	
Middle Name: _____	* Last Name: Landstedt	
Suffix: _____	Title: Senior Water Resources Planner	
Organizational Affiliation: _____		
* Telephone Number: 951-296-6916	Fax Number: 951-296-6860	
* Email: landstedtd@ranchowater.com		

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424

Version 02

9. Type of Applicant 1: Select Applicant Type:

D: Special District Government

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

* Other (specify):

* 10. Name of Federal Agency:

Bureau of Reclamation - Denver Office

11. Catalog of Federal Domestic Assistance Number:

CFDA Title:

* 12. Funding Opportunity Number:

R13SF80002

* Title:

WaterSMART: Title XVI Water Reclamation and Reuse Program Funding for Fiscal Year 2013

13. Competition Identification Number:

R13SF80002

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

City of Temecula, portions of the City of Murrieta, and unincorporated areas of southwest Riverside County, California

* 15. Descriptive Title of Applicant's Project:

Demineralization and Non-Potable Water Conversion Project, Vail Lake Indirect Potable Reuse Preliminary Design Study Component

Attach supporting documents as specified in agency instructions.

Add Attachments

Delete Attachments

View Attachments

OMB Number: 4040-0004
Expiration Date: 01/31/2009

Application for Federal Assistance SF-424		Version 02
16. Congressional Districts Of:		
* a. Applicant	CA-049	* b. Program/Project CA-049
Attach an additional list of Program/Project Congressional Districts if needed.		
RCWD_Congressional Districts	Add Attachment	Delete Attachment View Attachment
17. Proposed Project:		
* a. Start Date:	01/01/2013	* b. End Date: 07/01/2015
18. Estimated Funding (\$):		
* a. Federal	375,000.00	
* b. Applicant	1,125,000.00	
* c. State	0.00	
* d. Local	0.00	
* e. Other	0.00	
* f. Program Income	0.00	
* g. TOTAL	1,500,000.00	
* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?		
<input checked="" type="checkbox"/>	a. This application was made available to the State under the Executive Order 12372 Process for review on	12/13/2012
<input type="checkbox"/>	b. Program is subject to E.O. 12372 but has not been selected by the State for review.	
<input type="checkbox"/>	c. Program is not covered by E.O. 12372.	
* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation.)		
<input type="checkbox"/>	Yes	<input checked="" type="checkbox"/> No
	Explanation	
21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)		
<input checked="" type="checkbox"/>	** I AGREE	
** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.		
Authorized Representative:		
Prefix:		* First Name: Richard
Middle Name:		
* Last Name:	Williamson	
Suffix:		
* Title:	Assistant General Manager	
* Telephone Number:	951-296-6900	Fax Number: 951-296-6860
* Email:	williamsonr@ranchowater.com	
* Signature of Authorized Representative:	Completed by Grants.gov upon submission.	* Date Signed: Completed by Grants.gov upon submission.

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)
Prescribed by OMB Circular A-102

Application for Federal Assistance SF-424

* 1. Type of Submission: <input type="radio"/> Preapplication <input checked="" type="radio"/> Application <input type="radio"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="radio"/> New <input type="radio"/> Continuation <input type="radio"/> Revision	* If Revision, select appropriate letter(s): _____ * Other (Specify) _____
---	---	---

RECEIVED

DEC 11 2012

* 3. Date Received: 12/11/2012	4. Applicant Identifier: _____
-----------------------------------	-----------------------------------

5a. Federal Entity Identifier: _____	* 5b. Federal Award Identifier: STATE CLEARING HOUSE _____
---	--

State Use Only:

6. Date Received by State: _____	7. State Application Identifier: _____
-------------------------------------	---

8. APPLICANT INFORMATION:

* a. Legal Name: The Regents of the University of California	
* b. Employer/Taxpayer Identification Number (EIN/TIN): 956006142	* c. Organizational DUNS: 627797426

d. Address:

* Street1: 200 University Office Building
* Street2: University of California, Riverside
* City: Riverside
* County: Riverside
* State: CA: California
Province: _____
* Country: USA: UNITED STATES
* Zip / Postal Code: 92521-0217

e. Organizational Unit:

Department Name: Mechanical Engineering	Division Name: Bourns College of Engineering
---	--

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: _____	* First Name: Ursula
Middle Name: _____	
* Last Name: Prins	
Suffix: _____	
Title: Principal Contract & Grant Officer	

Organizational Affiliation: The Regents of the University of California

* Telephone Number: (951) 827-4808	Fax Number: (951) 827-4483
* Email: ursulap@ucr.edu	

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

H: Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

S: Hispanic-serving Institution

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.516

CFDA Title:

P3 Award: National Student Design Competition for Sustainability

*** 12. Funding Opportunity Number:**

EPA-G2013-P3-Q4

* Title:

10th Annual P3 Awards: A National Student Design Competition for Sustainability Focusing on People, Prosperity and the Planet

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

*** 15. Descriptive Title of Applicant's Project:**

Sustainable Greywater Recycling

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="13,984.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="13,984.00"/>

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- a. This application was made available to the State under the Executive Order 12372 Process for review on
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation and attach.)

Yes No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Application for Federal Assistance SF-424

* 1. Type of Submission: <input type="radio"/> Preapplication <input checked="" type="radio"/> Application <input type="radio"/> Changed/Corrected Application	* 2. Type of Application: <input checked="" type="radio"/> New <input type="radio"/> Continuation <input type="radio"/> Revision	* If Revision, select appropriate letter(s): _____ * Other (Specify) _____
---	---	---

RECEIVED

DEC 11 2012

STATE CLEARING HOUSE

* 3. Date Received: 12/11/2012	4. Applicant Identifier: _____
-----------------------------------	-----------------------------------

5a. Federal Entity Identifier: _____	* 5b. Federal Award Identifier: _____
---	--

State Use Only:

6. Date Received by State: _____	7. State Application Identifier: _____
-------------------------------------	---

8. APPLICANT INFORMATION:

* a. Legal Name: The Regents of the University of California

* b. Employer/Taxpayer Identification Number (EIN/TIN): 956006142	* c. Organizational DUNS: 627797426
--	--

d. Address:

* Street1: 200 University Office Building
Street2: University of California, Riverside
* City: Riverside
County: Riverside
* State: CA: California
Province: _____
* Country: USA: UNITED STATES
* Zip / Postal Code: 92521-0217

e. Organizational Unit:

Department Name: Mechanical Engineering	Division Name: Bourns College of Engineering
--	---

f. Name and contact information of person to be contacted on matters involving this application:

Prefix: _____ * First Name: Ursula
Middle Name: _____
* Last Name: Prins
Suffix: _____
Title: Principal Contract & Grant Officer

Organizational Affiliation:
The Regents of the University of California

* Telephone Number: (951) 827-4808 Fax Number: (951) 827-4483

* Email: ursulap@ucr.edu

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

H: Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

S: Hispanic-serving Institution

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.516

CFDA Title:

P3 Award: National Student Design Competition for Sustainability

*** 12. Funding Opportunity Number:**

EPA-G2013-P3-Q1

* Title:

10th Annual P3 Awards: A National Student Design Competition for Sustainability Focusing on People, Prosperity and the Planet

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

Areas_Affected_Ocean_Current1001238855.pdf

*** 15. Descriptive Title of Applicant's Project:**

Exploring a Proof of Concept in Ocean Current Energy Extraction

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="14,972.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="14,972.00"/>

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- a. This application was made available to the State under the Executive Order 12372 Process for review on
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation and attach.)

Yes No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:

Authorized for Local Reproduction

Standard Form 424 (Revised 10/2005)
Prescribed by OMB Circular A-102

Application for Federal Assistance SF-424

* 1. Type of Submission:

- Preapplication
- Application
- Changed/Corrected Application

* 2. Type of Application:

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

* Other (Specify)

RECEIVED

* 3. Date Received:

12/11/2012

4. Applicant Identifier:

DEC 11 2012

5a. Federal Entity Identifier:

* 5b. Federal Award Identifier:

STATE CLEARING HOUSE

State Use Only:

6. Date Received by State:

7. State Application Identifier:

8. APPLICANT INFORMATION:

* a. Legal Name: The Regents of the University of California

* b. Employer/Taxpayer Identification Number (EIN/TIN):

956006142

* c. Organizational DUNS:

627797426

d. Address:

* Street1: 200 University Office Building

Street2: University of California, Riverside

* City: Riverside

County: Riverside

* State: CA: California

Province:

* Country: USA: UNITED STATES

* Zip / Postal Code: 92521-0217

e. Organizational Unit:

Department Name:

CE-CERT

Division Name:

Bourns College of Engineering

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

* First Name: Ursula

Middle Name:

* Last Name: Prins

Suffix:

Title: Principal Contract & Grant Officer

Organizational Affiliation:

The Regents of the University of California

* Telephone Number: (951) 827-4808

Fax Number: (951) 827-4483

* Email: ursulap@ucr.edu

Application for Federal Assistance SF-424

9. Type of Applicant 1: Select Applicant Type:

H: Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

S: Hispanic-serving Institution

Type of Applicant 3: Select Applicant Type:

* Other (specify):

*** 10. Name of Federal Agency:**

Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.516

CFDA Title:

P3 Award: National Student Design Competition for Sustainability

*** 12. Funding Opportunity Number:**

EPA-G2013-P3-Q2

* Title:

10th Annual P3 Awards: A National Student Design Competition for Sustainability Focusing on People, Prosperity and the Planet

13. Competition Identification Number:

Title:

Test Protocol for Evaluating Smog Eating Roof Tiles

14. Areas Affected by Project (Cities, Counties, States, etc.):

Areas_Affected1001238828.pdf

*** 15. Descriptive Title of Applicant's Project:**

Test Protocol for Evaluating Smog Eating Roof Tiles

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant

* b. Program/Project

Attach an additional list of Program/Project Congressional Districts if needed.

17. Proposed Project:

* a. Start Date:

* b. End Date:

18. Estimated Funding (\$):

* a. Federal	<input type="text" value="14,995.00"/>
* b. Applicant	<input type="text" value="0.00"/>
* c. State	<input type="text" value="0.00"/>
* d. Local	<input type="text" value="0.00"/>
* e. Other	<input type="text" value="0.00"/>
* f. Program Income	<input type="text" value="0.00"/>
* g. TOTAL	<input type="text" value="14,995.00"/>

*** 19. Is Application Subject to Review By State Under Executive Order 12372 Process?**

- a. This application was made available to the State under the Executive Order 12372 Process for review on
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

*** 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes", provide explanation and attach.)**

Yes No

21. *By signing this application, I certify (1) to the statements contained in the list of certifications and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)**

**** I AGREE**

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: * First Name:

Middle Name:

* Last Name:

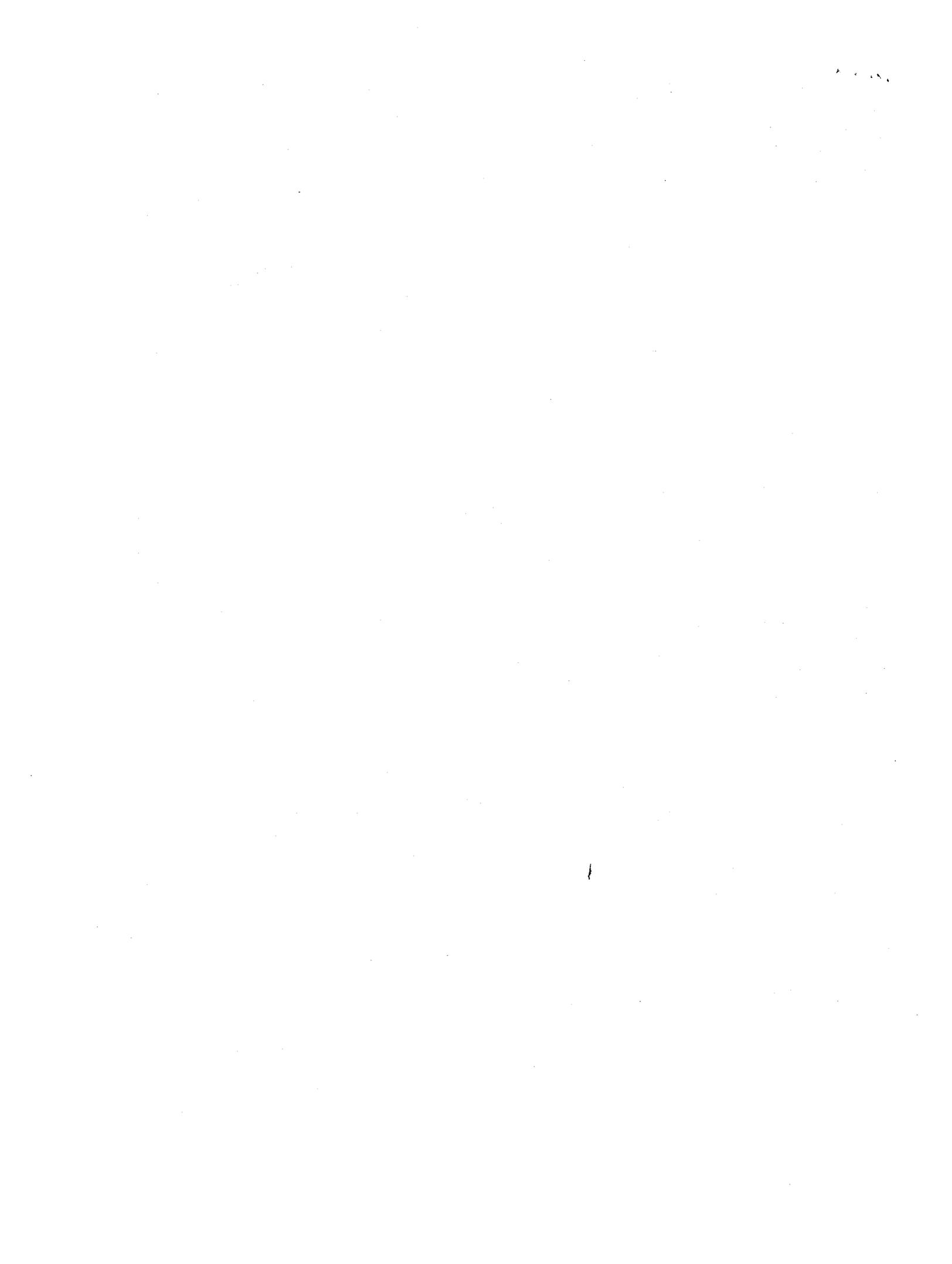
Suffix:

* Title:

* Telephone Number: Fax Number:

* Email:

* Signature of Authorized Representative: * Date Signed:



OMB Number: 4040-0004
Expiration Date: 03/31/2012

Application for Federal Assistance SF-424

*** 1. Type of Submission:**

- Preapplication
- Application
- Changed/Corrected Application

*** 2. Type of Application:**

- New
- Continuation
- Revision

* If Revision, select appropriate letter(s):

RECEIVED
DEC 11 2012

* Other (Specify):

*** 3. Date Received:**

12/11/2012

4. Applicant Identifier:

STATE CLEARING HOUSE

5a. Federal Entity Identifier:

[Redacted]

5b. Federal Award Identifier:

[Redacted]

State Use Only:

6. Date Received by State:

[Redacted]

7. State Application Identifier:

[Redacted]

8. APPLICANT INFORMATION:

* a. Legal Name: California State University, East Bay Foundation, Inc.

* b. Employer/Taxpayer Identification Number (EIN/TIN):

941524922

* c. Organizational DUNS:

1940443350000

d. Address:

* Street1:

25976 Carlos Bee Boulevard

Street2:

[Redacted]

* City:

Hayward

County/Parish:

[Redacted]

* State:

CA: California

Province:

[Redacted]

* Country:

USA: UNITED STATES

* Zip / Postal Code:

94542-1602

e. Organizational Unit:

Department Name:

Research and Sponsored Program

Division Name:

[Redacted]

f. Name and contact information of person to be contacted on matters involving this application:

Prefix:

Dr.

* First Name:

Linda

Middle Name:

[Redacted]

* Last Name:

Dobb

Suffix:

J.D.

Title:

Interim Associate Provost

Organizational Affiliation:

California State University, East Bay

* Telephone Number:

510-885-3773

Fax Number:

510-885-2295

* Email:

linda.dobb@csueastbay.edu

Application for Federal Assistance SF-424

*** 9. Type of Applicant 1: Select Applicant Type:**

R: Public/State Controlled Institution of Higher Education

Type of Applicant 2: Select Applicant Type:

Type of Applicant 3: Select Applicant Type:

*** Other (specify):**

*** 10. Name of Federal Agency:**

Environmental Protection Agency

11. Catalog of Federal Domestic Assistance Number:

66.516

CFDA Title:

P3 Award: National Student Design Competition for Sustainability

*** 12. Funding Opportunity Number:**

EPA-G2013-P3-Q3

*** Title:**

10th Annual P3 Awards: A National Student Design Competition for Sustainability Focusing on People, Prosperity and the Planet

13. Competition Identification Number:

Title:

14. Areas Affected by Project (Cities, Counties, States, etc.):

*** 15. Descriptive Title of Applicant's Project:**

The Hydro Lantern: Providing Light, Reducing Pollution, and Enhancing Education and Entrepreneurial Opportunities in Subsistence Communities and Schools

Attach supporting documents as specified in agency instructions.

Application for Federal Assistance SF-424

16. Congressional Districts Of:

* a. Applicant 13

b. Program/Project 13

Attach an additional list of Program/Project Congressional Districts If needed.

17. Proposed Project:

* a. Start Date: 09/01/2012

* b. End Date: 06/30/2013

18. Estimated Funding (\$):

* a. Federal	15,000.00
* b. Applicant	0.00
* c. State	0.00
* d. Local	0.00
* e. Other	0.00
* f. Program Income	0.00
* g. TOTAL	15,000.00

* 19. Is Application Subject to Review By State Under Executive Order 12372 Process?

- a. This application was made available to the State under the Executive Order 12372 Process for review on 12/11/2012
- b. Program is subject to E.O. 12372 but has not been selected by the State for review.
- c. Program is not covered by E.O. 12372.

* 20. Is the Applicant Delinquent On Any Federal Debt? (If "Yes," provide explanation in attachment.)

Yes No

If "Yes", provide explanation and attach

21. *By signing this application, I certify (1) to the statements contained in the list of certifications** and (2) that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances** and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil, or administrative penalties. (U.S. Code, Title 218, Section 1001)

** I AGREE

** The list of certifications and assurances, or an internet site where you may obtain this list, is contained in the announcement or agency specific instructions.

Authorized Representative:

Prefix: Dr. * First Name: James
 Middle Name: L.J.
 * Last Name: Houpis
 Suffix: Ph.D

* Title: Provost and Vice President, Academic Affairs

* Telephone Number: 510-885-3711 Fax Number: 510885-2295

* Email: james.houpis@csueastbay.edu

* Signature of Authorized Representative: James Houpis * Date Signed: 12/11/2012

APPLICATION FOR FEDERAL ASSISTANCE		2. DATE SUBMITTED 12/7/12	Applicant Identifier
1. TYPE OF SUBMISSION: <i>Application</i> <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction	<i>Preapplication</i> <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	3. DATE RECEIVED BY STATE	State Application Identifier
		4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier
5. APPLICANT INFORMATION			
Legal Name Los Angeles County Metropolitan Transportation Authority		Organizational Unit: Regional Program Management	
Address (give city, state, and zip code): One Gateway Plaza Los Angeles, California 90012-2952		Name and telephone number of the person to be contacted on matters involving this application (give area code) Nela De Castro (213) 922-6166	
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 95 - 440 1975		7. TYPE OF APPLICANT: (enter appropriate letter in box) N	
8. TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Revision - A (Increase of Award)		A State H Independent School Dist. B County I State Controlled Institution of Higher Learning C Municipal J Private University D Township K Indian Tribe E Interstate L Individual F Intermunicipal M Profit Organization G Special District N Other (Specify) _____	
If Revision, enter appropriate letter(s) in box(es): A Increase Award B Decrease Award C Increase Duration D Decrease Duration Other (specify)		State Chartered Transit District	
		9. NAME OF FEDERAL AGENCY: Federal Transit Administration	
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER 20507		11. DESCRIPTIVE TITLE OF APPLICANTS PROJECT: Section 5307 Urbanized Area Formula Program - Capital Assistance, CA-90-Y717-07	
12. AREAS AFFECTED BY PROJECT (cities, counties, states, etc.) County of Los Angeles, CA			
13. PROPOSED PROJECT		14. CONGRESSIONAL DISTRICTS OF	
Start Date	Ending Date	a. Applicant	b. Project
7/1/11	12/31/14	Districts 25 - 39, 42 and 46	Same as Applicant

RECEIVED

DEC 12 2012

STATE CLEARING HOUSE

15. ESTIMATED FUNDING		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12272 PROCESS?	
a Federal	\$ 5,111,239.00	a YES THIS PREAPPLICATION APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE <u>12/7/12</u> b NO <input type="checkbox"/> PROGRAM IS NOT COVERED BY E O 12372 <input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
b Applicant	\$.00		
c State	\$.00		
d Local	\$ 1,277,810.00		
e Other	\$.00		
f Program Income	\$.00	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
		<input type="checkbox"/> Yes If "Yes" attach an explanation <input checked="" type="checkbox"/> No	
g TOTAL	\$ 6,389,049.00		

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED

a Typed Name of Authorized Representative RICHARD CHRISTIE	b Title Transportation Planning Manager	c Telephone number (213) 922-6022
d. Signature of Authorized Representative 	e. Date Signed 12/7/12	



APPLICATION FOR FEDERAL ASSISTANCE

OMB Approved No. 3076-0006

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input checked="" type="checkbox"/> Non-Construction		Pre-application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED 12/14/12	Applicant Identifier
			3. DATE RECEIVED BY STATE	State Application Identifier
			4. DATE RECEIVED BY FEDERAL AGENCY	Federal Identifier

5. APPLICANT INFORMATION

Legal Name: Merced County Department of Mental Health		Organizational Unit: Department: Mental Health	
Organizational DUNS: 078767951		Division:	
Address: Street: P.O. Box 2087		Name and telephone number of person to be contacted on matters involving this application (give area code): Prefix: Mrs. First Name: Sharon	
City: Merced		Middle Name	
County: Merced		Last Name Robinsons	
State: CA	Zip Code 95344	Suffix:	
Country: USA		Email: SRobinson@co.merced.ca.us	

RECEIVED

DEC-14-2012

STATE CLEARING HOUSE

6. EMPLOYER IDENTIFICATION NUMBER (EIN): 94-6000521			Phone Number (give area code) (209) 381-6803	Fax Number (give area code) (209) 725-8628
---	--	--	---	---

8. TYPE OF APPLICATION: <input type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.) Other (specify):	7. TYPE OF APPLICANT: (See back of form for Application Types) B. County Other (specify)
---	---

10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Labor Management Cooperation Program	9. NAME OF FEDERAL AGENCY: Department of Housing and Urban Development
---	--

12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): City of Merced, Merced, CA	11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Project Serenity Springs 2012
--	---

13. PROPOSED PROJECT Start Date: 08-01-2013	Ending Date: 07-31-2015	14. CONGRESSIONAL DISTRICTS OF: a. Applicant b. Project
--	----------------------------	--

15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?	
a. Federal	\$ 194,000 ⁰⁰	a. Yes. <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON DATE:	
b. Applicant	\$ ⁰⁰	b. No. <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372	
c. State	\$ ⁰⁰	<input type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW	
d. Local	\$ 30,500 ⁰⁰	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?	
e. Other	\$ ⁰⁰	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No	
f. Program Income	\$ ⁰⁰		
g. TOTAL	\$ 224,500 ⁰⁰		

18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.

a. Authorized Representative		
Prefix Mr.	First Name Manuel	Middle Name J.
Last Name Jimenez		Suffix Jr.
b. Title Director		c. Telephone Number (give area code) (209) 381-6805
d. Signature of Authorized Representative		e. Date Signed 12/14/12

Previous Edition Usable
Authorized for Local Recreoduction

Standard Form 424 (Rev.9-2003)
Prescribed by OMB Circular A-102

**APPLICATION FOR
FEDERAL ASSISTANCE**

Version 7/03

1. TYPE OF SUBMISSION: Application <input type="checkbox"/> Construction <input type="checkbox"/> Non-Construction		Pre-application <input checked="" type="checkbox"/> Construction <input type="checkbox"/> Non-Construction	2. DATE SUBMITTED	Applicant Identifier
3. DATE RECEIVED BY STATE		State Application Identifier		
4. DATE RECEIVED BY FEDERAL AGENCY		Federal Identifier		
5. APPLICANT INFORMATION				
Legal Name: Galilee Center		Organizational Unit: Department:		
Organizational DUNS: 053038912		Division:		
Address: Street: 1030 Sixth Street		Name and telephone number of person to be contacted on matters involving this application (give area code)		
City: Coachella		Prefix:		
County: Riverside		First Name: Claudia		
State: CA		Middle Name		
Zip Code: 92236		Last Name: Castorena		
Country:		Suffix:		
6. EMPLOYER IDENTIFICATION NUMBER (EIN): 27-3133601		Phone Number (give area code) (760) 398 2100		Fax Number (give area code) (360) 3100
8. TYPE OF APPLICATION: <input checked="" type="checkbox"/> New <input type="checkbox"/> Continuation <input type="checkbox"/> Revision If Revision, enter appropriate letter(s) in box(es) (See back of form for description of letters.)		7. TYPE OF APPLICANT: (See back of form for Application Types) O - Not for Profit Other (specify)		
10. CATALOG OF FEDERAL DOMESTIC ASSISTANCE NUMBER: TITLE (Name of Program): Galilee Center		9. NAME OF FEDERAL AGENCY: USDA RD		
12. AREAS AFFECTED BY PROJECT (Cities, Counties, States, etc.): Thermal, Mecca, 100 Palms, Coachella		11. DESCRIPTIVE TITLE OF APPLICANT'S PROJECT: Equipment for new site: A/C units, toilets, refrigerator, stove, sinks, chairs, conference table		
13. PROPOSED PROJECT Start Date: 1-2013 Ending Date: 1-2014		14. CONGRESSIONAL DISTRICTS OF: 45 a. Applicant b. Project		
15. ESTIMATED FUNDING:		16. IS APPLICATION SUBJECT TO REVIEW BY STATE EXECUTIVE ORDER 12372 PROCESS?		
a. Federal	\$ 50,000	a. Yes: <input type="checkbox"/> THIS PREAPPLICATION/APPLICATION WAS MADE AVAILABLE TO THE STATE EXECUTIVE ORDER 12372 PROCESS FOR REVIEW ON		
b. Applicant	\$	DATE:		
c. State	\$	b. No: <input checked="" type="checkbox"/> PROGRAM IS NOT COVERED BY E. O. 12372		
d. Local	\$	<input checked="" type="checkbox"/> OR PROGRAM HAS NOT BEEN SELECTED BY STATE FOR REVIEW		
e. Other	\$	17. IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT?		
f. Program Income	\$	<input type="checkbox"/> Yes If "Yes" attach an explanation. <input checked="" type="checkbox"/> No		
g. TOTAL	\$ 50,000	18. TO THE BEST OF MY KNOWLEDGE AND BELIEF, ALL DATA IN THIS APPLICATION/PREAPPLICATION ARE TRUE AND CORRECT. THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE APPLICANT AND THE APPLICANT WILL COMPLY WITH THE ATTACHED ASSURANCES IF THE ASSISTANCE IS AWARDED.		
a. Authorized Representative				
Prefix		First Name: Gloria		Middle Name
Last Name: Gomez		Suffix		
b. Title: Co-Founder/CEO		c. Telephone Number (give area code) (760) 398 2100		
d. Signature of Authorized Representative <i>Gloria Gomez</i>		e. Date Signed: 10/29/2012		

Previous Edition Usable
Authorized for Local Reproduction

Standard Form 424 (Rev. 9-2003)
Prescribed by OMB Circular A-102

